ABSENCE FORM

Student name:_____

Absent from: ____clinic ____class_____
Date absent:_____ Notification received: Y or N
Date notified:_____ Time notified:_____
Person notified:_____

Reason for
absence:_____

Is absence determined: excused unexcused
(if excused, documentation must be attached) Document attached: Y or N

Student's total absences for this semester:

clinic _____unexcused _____excused
class _____unexcused _____excused

Does this absence require a make-up day?: Y or N Make-up
date:_____

Does this absence place the student on probation?: Y or N (attach copy of probation form)

Students
comments:_____
_____
_____

Instructor's/Coordinator's comments:
_____
_____
_____

Student's signature:_____
Date:_____

Instructor's/Coordinator'ssignature:_____Date:_____

ABSENCE FORM

Student name:_____

Absent from: ____clinic ____class_____
Date absent:_____ Notification received: Y or N
Date notified:_____ Time notified:_____
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Reason for
absence:_____

Is absence determined: excused unexcused
(if excused, documentation must be attached) Document attached: Y or N

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class _____unexcused _____excused

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date:_____

Does this absence place the student on probation?: Y or N (attach copy of probation form)

Students
comments:_____
_____
_____

Instructor's/Coordinator's comments:
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_____

Student's signature:_____
Date:_____

Instructor's/Coordinator'ssignature:_____Date:_____

ABSENCE FORM

Student name:_____

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absence:_____

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Student's total absences for this semester:

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class _____unexcused _____excused

Does this absence require a make-up day?: Y or N Make-up
date:_____

Does this absence place the student on probation?: Y or N (attach copy of probation form)

Students
comments:_____
_____
_____

Instructor's/Coordinator's comments:
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Student's signature:_____
Date:_____

Instructor's/Coordinator'ssignature:_____Date:_____

ABSENCE FORM

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absence:_____

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class _____unexcused _____excused

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date:_____

Does this absence place the student on probation?: Y or N (attach copy of probation form)

Students
comments:_____
_____
_____

Instructor's/Coordinator's comments:
_____
_____
_____

Student's signature:_____
Date:_____

Instructor's/Coordinator'ssignature:_____Date:_____

ABSENCE FORM

Student name:_____

Absent from: ____clinic ____class_____
Date absent:_____ Notification received: Y or N
Date notified:_____ Time notified:_____
Person notified:_____

Reason for
absence:_____

Is absence determined: excused unexcused
(if excused, documentation must be attached) Document attached: Y or N

Student's total absences for this semester:

clinic _____unexcused _____excused
class _____unexcused _____excused

Does this absence require a make-up day?: Y or N Make-up
date:_____

Does this absence place the student on probation?: Y or N (attach copy of probation form)

Students
comments:_____
_____
_____

Instructor's/Coordinator's comments:
_____
_____
_____

Student's signature:_____
Date:_____

Instructor's/Coordinator's signature:_____Date:_____

AUSTIN PEAY STATE UNIVERSITY
RADIOLOGIC TECHNOLOGY PROGRAM (RADIOGRAPHY)

CLINICAL MAKE –UP TIME ARRANGEMENT FORM

STUDENT_____

CLINICAL SITE_____

CLINICL STARTING DATE_____

CLINICAL ENDING DATE_____

DAYS OF THE WEEK PARTICIPATING IN CLINICAL EDUCATION THIS ROTATION

_____

_____

_____

NUMBER OF DAYS TO BE MADE UP_____

DATES SCHEDULED FOR MAKE-UP_____

STUDENT'S SIGNATURE_____

CLINICAL INSTRUCTOR'S SIGNATURE_____

CLINICAL COORDINATOR'S SIGNATURE_____

NOTE: Except in unusual circumstances, students WILL NOT be permitted to re-schedule missed make-up days. This could result in the student be dismissed from the Radiologic Technology Program.

AUSTIN PEAY STATE UNIVERSITY
RADIOLOGIC TECHNOLOGY PROGRAM (RADIOGRAPHY)

CLINICAL MAKE –UP TIME ARRANGEMENT FORM

STUDENT_____

CLINICAL SITE_____

CLINICL STARTING DATE_____

CLINICAL ENDING DATE_____

DAYS OF THE WEEK PARTICIPATING IN CLINICAL EDUCATION THIS ROTATION

_____

_____

_____

NUMBER OF DAYS TO BE MADE UP_____

DATES SCHEDULED FOR MAKE-UP_____

STUDENT'S SIGNATURE_____

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AUSTIN PEAY STATE UNIVERSITY
RADIOLOGIC TECHNOLOGY PROGRAM (RADIOGRAPHY)

CLINICAL MAKE –UP TIME ARRANGEMENT FORM

STUDENT_____

CLINICAL SITE_____

CLINICL STARTING DATE_____

CLINICAL ENDING DATE_____

DAYS OF THE WEEK PARTICIPATING IN CLINICAL EDUCATION THIS ROTATION

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NUMBER OF DAYS TO BE MADE UP_____

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RADIOLOGIC TECHNOLOGY PROGRAM (RADIOGRAPHY)

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CLINICAL SITE_____

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DAYS OF THE WEEK PARTICIPATING IN CLINICAL EDUCATION THIS ROTATION

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DATES SCHEDULED FOR MAKE-UP_____

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NOTE: Except in unusual circumstances, students WILL NOT be permitted to re-schedule missed make-up days. This could result in the student be dismissed from the Radiologic Technology Program.

EQUIPMENT MANIPULATION COMPETENCY

Given to student the first semester, used as part of the semester grade. If the student fails, they repeat and both grades are averaged.

Student:_____ Date:_____ Room:_____

Evaluator's Instructions: The student has one chance to give the correct response to the following tasks.

	YES	NO	YES	NO	YES	NO
Identify on/off switch on control panel.						
Move the tube transverse across the table.						
Move the tube horizontally along the table.						
Move the tube vertically						
Center the tube to the table Bucky @ 40 “.						
Identify the lock for table movement.						
Move the table top						
Center the tube to the upright Bucky @ 72”						
Identify table pad						
Angle the tube 10 degrees caudal and realign the tube and bucky						
Angle the tube 15 degrees cephalad and realign the tube and bucky						
Identify accessories (i.e. IV pole, cassette holders, etc.)						
Identify collimation settings on the collimator box						
Insert and remove cassette from wall & table Bucky						
Set control panel for an upright exam and collimate to 14 X 17						
Set control panel for a table bucky exam and collimate to 8 X 10						
Set control panel for a tabletop exam and collimate to 10 X 12						
Identify and explain the AEC button on control panel.						
Rotate collimator box.						
Set tube up for cross-table lateral work.						

Total points possible: _____Total points received: _____ Grade:_____

Student signature: _____ Date:_____

Instructor: _____ Date: _____

Comments:_____

EQUIPMENT MANIPULATION COMPETENCY

Given to student the first semester, used as part of the semester grade. If the student fails, they repeat and both grades are averaged.

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Student signature: _____ Date:_____

Instructor: _____ Date: _____

Comments:_____

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Student signature: _____ Date:_____

Instructor: _____ Date: _____

Comments:_____

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Identify and explain the AEC button on control panel.						
Rotate collimator box.						
Set tube up for cross-table lateral work.						

Total points possible: _____Total points received: _____ Grade:_____

Student signature: _____ Date:_____

Instructor: _____ Date: _____

Comments:_____

FLUOROGRAPHIC EQUIPMENT MANIPULATION COMPETENCY FORM

Given to student the first semester, used as part of the semester grade. If the student fails, they repeat and both grades are averaged.

STUDENT:_____ DATE: _____ ROOM: _____

EVALUATOR INSTRUCTIONS: The student has one chance to give the correct response to the following tasks.

	YES	NO	Y	N	Y	N
Identify "main" on/off controls						
Identify mA, mAs, kV						
Identify automatic exposure controls & their application, & selectors to initiate fluoroscopy						
Identify small and large focal spot control						
Identify tube warm up procedure						
Identify image intensifier, intensifying screen						
Identify & manipulate spot film formatter						
Identify & operate vertical locks						
Identify & operate longitudinal locks						
Identify & operate transverse locks						
Identify & operate manual & automatic collimator						
Identify compression cone & its application						
Identify fluoro timer & reset						
Identify table tilt control						
Identify table top control						
Identify grid						
Attach & remove foot board						
Attach & remove shoulder brace						

Total points possible: _____Total points received: _____ Grade:_____

Student Signature: _____Date: _____

Instructor: _____ Date: _____

Comments:_____

FLUOROGRAPHIC EQUIPMENT MANIPULATION COMPETENCY FORM

Given to student the first semester, used as part of the semester grade. If the student fails, they repeat and both grades are averaged.

STUDENT:_____ DATE: _____ ROOM: _____

EVALUATOR INSTRUCTIONS: The student has one chance to give the correct response to the following tasks.

	YES	NO	Y	N	Y	N
Identify "main" on/off controls						
Identify mA, mAs, kV						
Identify automatic exposure controls & their application, & selectors to initiate fluoroscopy						
Identify small and large focal spot control						
Identify tube warm up procedure						
Identify image intensifier, intensifying screen						
Identify & manipulate spot film formatter						
Identify & operate vertical locks						
Identify & operate longitudinal locks						
Identify & operate transverse locks						
Identify & operate manual & automatic collimator						
Identify compression cone & its application						
Identify fluoro timer & reset						
Identify table tilt control						
Identify table top control						
Identify grid						
Attach & remove foot board						
Attach & remove shoulder brace						

Total points possible: _____Total points received: _____ Grade:_____

Student Signature: _____Date: _____

Instructor: _____ Date: _____

Comments:_____

FLUOROGRAPHIC EQUIPMENT MANIPULATION COMPETENCY FORM

Given to student the first semester, used as part of the semester grade. If the student fails, they repeat and both grades are averaged.

STUDENT:_____ DATE: _____ ROOM: _____

EVALUATOR INSTRUCTIONS: The student has one chance to give the correct response to the following tasks.

	YES	NO	Y	N	Y	N
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Identify fluoro timer & reset						
Identify table tilt control						
Identify table top control						
Identify grid						
Attach & remove foot board						
Attach & remove shoulder brace						

Total points possible: _____Total points received: _____ Grade:_____

Student Signature: _____Date: _____

Instructor: _____ Date: _____

Comments:_____

FLUOROGRAPHIC EQUIPMENT MANIPULATION COMPETENCY FORM

Given to student the first semester, used as part of the semester grade. If the student fails, they repeat and both grades are averaged.

STUDENT:_____ DATE: _____ ROOM: _____

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Identify grid						
Attach & remove foot board						
Attach & remove shoulder brace						

Total points possible: _____Total points received: _____ Grade:_____

Student Signature: _____Date: _____

Instructor: _____ Date: _____

Comments:_____

COMPETENCY EVALUATION-GENERAL FORM

Student Name_____Exam_____

The objective of this evaluation is to determine the student's competency level when performing specific radiographic examinations.

Grade_____

FACILITY PREPARATION The student:

Yes	No	1.	Examines the radiographic room and cleans/ straightens it before escorting the patient in.
Yes	No	2.	Has all equipment and supplies (patient gown, pillow, markers, etc.) ready before escorting the patient in.
Yes	No	3.	Is able to manipulate all radiographic equipment with ease, and centers the CR to bucky/film.
Yes	No	4.	Adjusts the tube to the proper source-to-image receptor distance (SID).
Yes	No	5.	Selects a cassette of the appropriate size.

PATIENT PREPARATION The student:

Yes	No	1.	Identifies the correct patient and examination according to the requisition while establishing a good rapport.
Yes	No	2.	Obtains and documents the patient's history before the examination.
Yes	No	3.	Explains the examination in terms the patient fully understands, and properly communicates with the patient throughout the examination.
Yes	No	4.	Asks female patients of childbearing age the date of their last menstrual period and about the possibility of pregnancy, and has them sign pregnancy consent forms.
Yes	No	5.	Removes all obscuring objects(snaps, zippers, belt, etc.)so as not to produce radiographic artifacts.
Yes	No	6.	Respects the patient's modesty and provides ample comfort for the patient.

PATIENT POSITIONING The student:

Yes	No	1.	Places the patient in the appropriate position, without rotation.
Yes	No	2.	Places the film lengthwise/crosswise in the bucky/grid/table-top appropriately.
Yes	No	3.	Centers the CR correctly.
Yes	No	4.	Directs the CR correctly.

IMPORTANT DETAILS The student:

Yes	No	1.	Instills confidence in the patient by exhibiting self-confidence throughout the examination
Yes	No	2.	Places a lead marker in the appropriate area of the cassette or Bucky, where it will be visualized on the finished radiograph, on the proper anatomical side, depending upon the patient's position.
Yes	No	3.	Provides radiation protection (shield) for the patient (when appropriate), self, and others (closes doors).
Yes	No	4.	Applies proper collimation and makes adjustments as necessary.
Yes	No	5.	Properly measures the patient along the course of the CR.
Yes	No	6.	Sets the proper technique and makes adjustments as necessary.
Yes	No	7.	Exposes the film after telling the patient to hold still and after giving the patient proper breathing instructions for each projection.
Yes	No	8.	Provides each radiograph with the proper patient identification and processes each film without difficulty.
Yes	No	9.	Properly completes the examination by filling out all necessary paperwork, entering the examination in the computer, having the films checked by the appropriate staff members, and informing the patient that he or she is finished.
Yes	No	10.	Exhibits the ability to adapt to new and difficult situations if and when necessary.
Yes	No	11.	Accepts constructive criticism and uses it to his or her advantage.
Yes	No	12.	Leaves the radiographic room neat and clean for the next examination.
Yes	No	13.	Completes the examination within a reasonable time frame.

RADIOGRAPHIC FILM DENSITY The student is able to critique his/her radiographs as to whether they demonstrate:

Yes	No	1.	Proper technique/optimal density.
Yes	No	2.	Enhanced detail, without evidence of motion and without any visible artifacts.
Yes	No	3.	Proper positioning (all anatomy included, evidence of proper centering, alignment, etc)
Yes	No	4.	Proper marker placement
Yes	No	5.	Evidence of proper collimation and radiation protection.
Yes	No	6.	Long vs. short scale of contrast.

Patient information: Name/age_____

Medical record #:_____Ability to cooperate:_____

Condition/Pathology:_____

Technical factors used:_____

Comments:_____
_____

Evaluator signature:_____Date:_____

Student signature:_____Date:_____

COMPETENCY EVALUATION-GENERAL FORM

Student Name_____Exam_____

The objective of this evaluation is to determine the student's competency level when performing specific radiographic examinations.

Grade_____

FACILITY PREPARATION The student:

Yes	No	1.	Examines the radiographic room and cleans/ straightens it before escorting the patient in.
Yes	No	2.	Has all equipment and supplies (patient gown, pillow, markers, etc.) ready before escorting the patient in.
Yes	No	3.	Is able to manipulate all radiographic equipment with ease, and centers the CR to bucky/film.
Yes	No	4.	Adjusts the tube to the proper source-to-image receptor distance (SID).
Yes	No	5.	Selects a cassette of the appropriate size.

PATIENT PREPARATION The student:

Yes	No	1.	Identifies the correct patient and examination according to the requisition while establishing a good rapport.
Yes	No	2.	Obtains and documents the patient's history before the examination.
Yes	No	3.	Explains the examination in terms the patient fully understands, and properly communicates with the patient throughout the examination.
Yes	No	4.	Asks female patients of childbearing age the date of their last menstrual period and about the possibility of pregnancy, and has them sign pregnancy consent forms.
Yes	No	5.	Removes all obscuring objects(snaps, zippers, belt, etc.)so as not to produce radiographic artifacts.
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Yes	No	3.	Centers the CR correctly.
Yes	No	4.	Directs the CR correctly.

IMPORTANT DETAILS The student:

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Yes	No	3.	Provides radiation protection (shield) for the patient (when appropriate), self, and others (closes doors).
Yes	No	4.	Applies proper collimation and makes adjustments as necessary.
Yes	No	5.	Properly measures the patient along the course of the CR.
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Yes	No	7.	Exposes the film after telling the patient to hold still and after giving the patient proper breathing instructions for each projection.
Yes	No	8.	Provides each radiograph with the proper patient identification and processes each film without difficulty.
Yes	No	9.	Properly completes the examination by filling out all necessary paperwork, entering the examination in the computer, having the films checked by the appropriate staff members, and informing the patient that he or she is finished.
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Yes	No	5.	Evidence of proper collimation and radiation protection.
Yes	No	6.	Long vs. short scale of contrast.

Patient information: Name/age_____

Medical record #:_____Ability to cooperate:_____

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Comments:_____
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Evaluator signature:_____Date:_____

Student signature:_____Date:_____

COMPETENCY EVALUATION-GENERAL FORM

Student Name_____**Exam**_____

The objective of this evaluation is to determine the student's competency level when performing specific radiographic examinations.

Grade_____

FACILITY PREPARATION The student:

Yes	No	1.	Examines the radiographic room and cleans/ straightens it before escorting the patient in.
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Yes	No	3.	Is able to manipulate all radiographic equipment with ease, and centers the CR to bucky/film.
Yes	No	4.	Adjusts the tube to the proper source-to-image receptor distance (SID).
Yes	No	5.	Selects a cassette of the appropriate size.

PATIENT PREPARATION The student:

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Yes	No	2.	Obtains and documents the patient's history before the examination.
Yes	No	3.	Explains the examination in terms the patient fully understands, and properly communicates with the patient throughout the examination.
Yes	No	4.	Asks female patients of childbearing age the date of their last menstrual period and about the possibility of pregnancy, and has them sign pregnancy consent forms.
Yes	No	5.	Removes all obscuring objects(snaps, zippers, belt, etc.)so as not to produce radiographic artifacts.
Yes	No	6.	Respects the patient's modesty and provides ample comfort for the patient.

PATIENT POSITIONING The student:

Yes	No	1.	Places the patient in the appropriate position, without rotation.
Yes	No	2.	Places the film lengthwise/crosswise in the bucky/grid/table-top appropriately.
Yes	No	3.	Centers the CR correctly.
Yes	No	4.	Directs the CR correctly.

IMPORTANT DETAILS The student:

Yes	No	1.	Instills confidence in the patient by exhibiting self-confidence throughout the examination
Yes	No	2.	Places a lead marker in the appropriate area of the cassette or Bucky, where it will be visualized on the finished radiograph, on the proper anatomical side, depending upon the patient's position.
Yes	No	3.	Provides radiation protection (shield) for the patient (when appropriate), self, and others (closes doors).
Yes	No	4.	Applies proper collimation and makes adjustments as necessary.
Yes	No	5.	Properly measures the patient along the course of the CR.
Yes	No	6.	Sets the proper technique and makes adjustments as necessary.
Yes	No	7.	Exposes the film after telling the patient to hold still and after giving the patient proper breathing instructions for each projection.
Yes	No	8.	Provides each radiograph with the proper patient identification and processes each film without difficulty.
Yes	No	9.	Properly completes the examination by filling out all necessary paperwork, entering the examination in the computer, having the films checked by the appropriate staff members, and informing the patient that he or she is finished.
Yes	No	10.	Exhibits the ability to adapt to new and difficult situations if and when necessary.
Yes	No	11.	Accepts constructive criticism and uses it to his or her advantage.
Yes	No	12.	Leaves the radiographic room neat and clean for the next examination.
Yes	No	13.	Completes the examination within a reasonable time frame.

RADIOGRAPHIC FILM DENSITY The student is able to critique his/her radiographs as to whether they demonstrate:

Yes	No	1.	Proper technique/optimal density.
Yes	No	2.	Enhanced detail, without evidence of motion and without any visible artifacts.
Yes	No	3.	Proper positioning (all anatomy included, evidence of proper centering, alignment, etc)
Yes	No	4.	Proper marker placement
Yes	No	5.	Evidence of proper collimation and radiation protection.
Yes	No	6.	Long vs. short scale of contrast.

Patient information: Name/age_____

Medical record #:_____Ability to cooperate:_____

Condition/Pathology:_____

Technical factors used:_____

Comments:_____
_____

Evaluator signature:_____Date:_____

Student signature:_____Date:_____

COMPETENCY EVALUATION-GENERAL FORM

Student Name_____Exam_____

The objective of this evaluation is to determine the student's competency level when performing specific radiographic examinations.

Grade_____

FACILITY PREPARATION The student:

Yes	No	1.	Examines the radiographic room and cleans/ straightens it before escorting the patient in.
Yes	No	2.	Has all equipment and supplies (patient gown, pillow, markers, etc.) ready before escorting the patient in.
Yes	No	3.	Is able to manipulate all radiographic equipment with ease, and centers the CR to bucky/film.
Yes	No	4.	Adjusts the tube to the proper source-to-image receptor distance (SID).
Yes	No	5.	Selects a cassette of the appropriate size.

PATIENT PREPARATION The student:

Yes	No	1.	Identifies the correct patient and examination according to the requisition while establishing a good rapport.
Yes	No	2.	Obtains and documents the patient's history before the examination.
Yes	No	3.	Explains the examination in terms the patient fully understands, and properly communicates with the patient throughout the examination.
Yes	No	4.	Asks female patients of childbearing age the date of their last menstrual period and about the possibility of pregnancy, and has them sign pregnancy consent forms.
Yes	No	5.	Removes all obscuring objects(snaps, zippers, belt, etc.)so as not to produce radiographic artifacts.
Yes	No	6.	Respects the patient's modesty and provides ample comfort for the patient.

PATIENT POSITIONING The student:

Yes	No	1.	Places the patient in the appropriate position, without rotation.
Yes	No	2.	Places the film lengthwise/crosswise in the bucky/grid/table-top appropriately.
Yes	No	3.	Centers the CR correctly.
Yes	No	4.	Directs the CR correctly.

IMPORTANT DETAILS The student:

Yes	No	1.	Instills confidence in the patient by exhibiting self-confidence throughout the examination
Yes	No	2.	Places a lead marker in the appropriate area of the cassette or Bucky, where it will be visualized on the finished radiograph, on the proper anatomical side, depending upon the patient's position.
Yes	No	3.	Provides radiation protection (shield) for the patient (when appropriate), self, and others (closes doors).
Yes	No	4.	Applies proper collimation and makes adjustments as necessary.
Yes	No	5.	Properly measures the patient along the course of the CR.
Yes	No	6.	Sets the proper technique and makes adjustments as necessary.
Yes	No	7.	Exposes the film after telling the patient to hold still and after giving the patient proper breathing instructions for each projection.
Yes	No	8.	Provides each radiograph with the proper patient identification and processes each film without difficulty.
Yes	No	9.	Properly completes the examination by filling out all necessary paperwork, entering the examination in the computer, having the films checked by the appropriate staff members, and informing the patient that he or she is finished.
Yes	No	10.	Exhibits the ability to adapt to new and difficult situations if and when necessary.
Yes	No	11.	Accepts constructive criticism and uses it to his or her advantage.
Yes	No	12.	Leaves the radiographic room neat and clean for the next examination.
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Yes	No	6.	Long vs. short scale of contrast.

Patient information: Name/age_____

Medical record #:_____Ability to cooperate:_____

Condition/Pathology:_____

Technical factors used:_____

Comments:_____
_____

Evaluator signature:_____Date:_____

Student signature:_____Date:_____

COMPETENCY EVALUATION-GENERAL FORM

Student Name_____**Exam**_____

The objective of this evaluation is to determine the student's competency level when performing specific radiographic examinations.

Grade_____

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Yes	No	2.	Has all equipment and supplies (patient gown, pillow, markers, etc.) ready before escorting the patient in.
Yes	No	3.	Is able to manipulate all radiographic equipment with ease, and centers the CR to bucky/film.
Yes	No	4.	Adjusts the tube to the proper source-to-image receptor distance (SID).
Yes	No	5.	Selects a cassette of the appropriate size.

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PATIENT POSITIONING The student:

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Yes	No	3.	Centers the CR correctly.
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IMPORTANT DETAILS The student:

Yes	No	1.	Instills confidence in the patient by exhibiting self-confidence throughout the examination
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Yes	No	6.	Long vs. short scale of contrast.

Patient information: Name/age_____

Medical record #:_____Ability to cooperate:_____

Condition/Pathology:_____

Technical factors used:_____

Comments:_____
_____

Evaluator signature:_____Date:_____

Student signature:_____Date:_____

EKG OBJECTIVES / EVALUATION

STUDENT:_____

DATE: _____

OBJECTIVES; At the end of this rotation, the student will;

	FULFILLED OBJECTIVES YES	NO
1. Be able to properly place EKG leads on patient	____	____
2. Be able to operate EKG equipment to produce a diagnostic reading.	____	____
3. Be able to distinguish between normal and abnormal heart rhythms as recorded on graphs.	____	____
4. Understand the conduction system of the heart.	____	____

COMMENTS:

Student's signature: _____ Date: _____

Evaluator's signature: _____ Date: _____

EKG OBJECTIVES / EVALUATION

STUDENT:_____

DATE: _____

OBJECTIVES; At the end of this rotation, the student will;

	FULFILLED OBJECTIVES YES	NO
1. Be able to properly place EKG leads on patient	____	____
4. Be able to operate EKG equipment to produce a diagnostic reading.	____	____
5. Be able to distinguish between normal and abnormal heart rhythms as recorded on graphs.	____	____
4. Understand the conduction system of the heart.	____	____

COMMENTS:

Student's signature: _____ Date: _____

Evaluator's signature: _____ Date: _____

EKG OBJECTIVES / EVALUATION

STUDENT:_____

DATE: _____

OBJECTIVES; At the end of this rotation, the student will;

	FULFILLED OBJECTIVES YES	NO
1. Be able to properly place EKG leads on patient	____	____
6. Be able to operate EKG equipment to produce a diagnostic reading.	____	____
7. Be able to distinguish between normal and abnormal heart rhythms as recorded on graphs.	____	____
4. Understand the conduction system of the heart.	____	____

COMMENTS:

Student's signature: _____ Date: _____

Evaluator's signature: _____ Date: _____

EKG OBJECTIVES / EVALUATION

STUDENT:_____

DATE: _____

OBJECTIVES; At the end of this rotation, the student will;

	FULFILLED OBJECTIVES YES	NO
1. Be able to properly place EKG leads on patient	____	____
8. Be able to operate EKG equipment to produce a diagnostic reading.	____	____
9. Be able to distinguish between normal and abnormal heart rhythms as recorded on graphs.	____	____
4. Understand the conduction system of the heart.	____	____

COMMENTS:

Student's signature: _____ Date: _____

Evaluator's signature: _____ Date: _____

EKG OBJECTIVES / EVALUATION

STUDENT:_____

DATE: _____

OBJECTIVES; At the end of this rotation, the student will;

	FULFILLED OBJECTIVES YES	NO
1. Be able to properly place EKG leads on patient	____	____
10. Be able to operate EKG equipment to produce a diagnostic reading.	____	____
11. Be able to distinguish between normal and abnormal heart rhythms as recorded on graphs.	____	____
4. Understand the conduction system of the heart.	____	____

COMMENTS:

Student's signature: _____ Date: _____

Evaluator's signature: _____ Date: _____

EKG OBJECTIVES / EVALUATION

STUDENT:_____

DATE: _____

OBJECTIVES; At the end of this rotation, the student will;

	FULFILLED OBJECTIVES YES	NO
1. Be able to properly place EKG leads on patient	____	____
12. Be able to operate EKG equipment to produce a diagnostic reading.	____	____
13. Be able to distinguish between normal and abnormal heart rhythms as recorded on graphs.	____	____
4. Understand the conduction system of the heart.	____	____

COMMENTS:

Student's signature: _____ Date: _____

Evaluator's signature: _____ Date: _____

PHLEBOTOMY EVALUATION SHEET

Student:_____ Date_____

Objective: At the end of this rotation the student will:

	YES	NO
1. Properly introduce himself/herself.	____	____
2. Check patient armband .	____	____
3. Explain procedure to patient.	____	____
4. Assess patient's emotional status.	____	____
5. Venipuncture supply ready.	____	____
6. Select venipuncture site.	____	____
7. Properly apply tourniquet.	____	____
8. Properly prep skin at site.	____	____
9. Practice Universal Precautions.	____	____
10. Position needle correctly (bevel up/ point down).	____	____
11. Stabilize vein.	____	____
12. Obtain "flash back" in hub.	____	____
13. Advance catheter.	____	____
14. Release tourniquet.	____	____
15. Connect flush tubing.	____	____
16. Secure catheter.	____	____
17. Choose correct vacutainer.	____	____
18. Correctly label vacutainers.	____	____
19. Remove catheter.	____	____
20. Place a bandage at site.	____	____
	PASS	FAIL
NOTE: The student must successfully perform a minimum of 17 out of the 20 items listed to pass.	_____	_____

Student's Signature_____ Date_____

Evaluator's Signature_____ Date_____

PHLEBOTOMY EVALUATION SHEET

Student:_____ Date_____

Objective: At the end of this rotation the student will:

	YES	NO
1. Properly introduce himself/herself.	____	____
2. Check patient armband .	____	____
3. Explain procedure to patient.	____	____
4. Assess patient's emotional status.	____	____
5. Venipuncture supply ready.	____	____
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NOTE: The student must successfully perform a minimum of 17 out of the 20 items listed to pass.	_____	_____

Student's Signature_____ Date_____

Evaluator's Signature_____ Date_____

PHLEBOTOMY EVALUATION SHEET

Student:_____ Date_____

Objective: At the end of this rotation the student will:

	YES	NO
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Student's Signature_____ Date_____

Evaluator's Signature_____ Date_____

PHLEBOTOMY EVALUATION SHEET

Student:_____ Date_____

Objective: At the end of this rotation the student will:

	YES	NO
1. Properly introduce himself/herself.	____	____
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NOTE: The student must successfully perform a minimum of 17 out of the 20 items listed to pass.	_____	_____

Student's Signature_____ Date_____

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PHLEBOTOMY EVALUATION SHEET

Student:_____ Date_____

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	YES	NO
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	PASS	FAIL
NOTE: The student must successfully perform a minimum of 17 out of the 20 items listed to pass.	_____	_____

Student's Signature_____ Date_____

Evaluator's Signature_____ Date_____

Austin Peay State University
Radiologic Technology Program (Radiography)

Patient Transport Check-off Form

Directions: The student will have an ARRT-registered radiologic technologist or Patient Transport Technician checks off the student for this clinical area, by placing a check in the appropriate box. **All boxes must be checked, where applicable.**

Key: √ = Student demonstrates performance
N/A = Non applicable

	√	N/A
Checks with nursing station and gets chart before transporting		
Greets the patient		
Checks patient identification		
Explains to the patient what is about to happen		
Uses appropriate transport equipment (e.g. Wheelchair, Stretcher, or Bed)		
Checks the equipment for safety and function		
Properly positions transport equipment and sets locks prior to patient movement		
Checks to be certain that oxygen lines, intravenous tubing and urinary catheters are free and will not be pulled during the transfer		
Uses proper transfer techniques (body mechanics)		
Uses available transfer aids (e.g. draw sheets and slide boards)		
Practices transport safety (e.g. side rails up, safety straps, transport with patient facing the correct direction)		
Requests help when needed		

Comments:

Semester:_____ Date _____

Clinical Affiliate: _____Room _____

Radiographer's signature _____

Student's signature _____

Austin Peay State University
Radiologic Technology Program (Radiography)

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Clinical Affiliate: _____Room _____

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Radiologic Technology Program (Radiography)

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Requests help when needed		

Comments:

Semester:_____ Date _____

Clinical Affiliate: _____Room _____

Radiographer's signature _____

Student's signature _____

APSU RADIOGRAPHY STUDENT TIME RECORD

NAME (SIGNATURE)	DATE	TIME IN	TECH'S INITIALS	TIME OUT	TECH'S INITIALS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
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17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

NAME _____

APSU RADIOGRAPHY STUDENT TIME RECORD

NAME (SIGNATURE)	DATE	TIME IN	TECH'S INITIALS	TIME OUT	TECH'S INITIALS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
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18.					
19.					
20.					
21.					
22.					
23.					
24.					

NAME _____

APSU RADIOGRAPHY STUDENT TIME RECORD

NAME (SIGNATURE)	DATE	TIME IN	TECH'S INITIALS	TIME OUT	TECH'S INITIALS
1.					
2.					
3.					
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20.					
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23.					
24.					

NAME _____

APSU RADIOGRAPHY STUDENT TIME RECORD

NAME (SIGNATURE)	DATE	TIME IN	TECH'S INITIALS	TIME OUT	TECH'S INITIALS
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RADIOLOGIC TECHNOLOGY PROGRAM (RADIOGRAPHY)

STUDENT

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